

Back to Basics: WIC Formula Overview

DECEMBER 2015

Basic Formula Assessment

- ▶ Listen to their story
- ▶ What kind of formula? Any others? When & how long?
- ▶ How much, how often?
- ▶ Formula prep
 - ▶ How many oz water with how many scoops?
 - ▶ Prepared ahead and stored? How long at room temp? Leftovers saved?
 - ▶ Shaken or stirred? Warmed?
- ▶ How many wet & dirty diapers?
- ▶ Last weight check- when & how much?
- ▶ Breastfeeding history
- ▶ What are client's concerns?
 - ▶ Ask more questions based on concerns

Typical Intake

Formula Fed Infants	
7 – 8 lbs	16 - 23 oz (2 - 4 oz every 2 to 3 hours)
8 – 10 lbs	21 - 26 oz (3 - 5 oz every 3 to 4 hours)
10 – 12 lbs	24 - 28 oz (4 - 6 oz every 3 to 4 hours)
12 – 16 lbs	29 - 39 oz (5 - 8 oz every 3 to 4 hours)

Texas WIC: Common Infant Problems: Spitting Up

Weight Gain

Baby's Age	Average Weight Gain WHO	Average Weight Gain Riordan & Moltischaeger
0-4 months	5.5 – 8.5 oz per week	5-7 oz per week
4-6 months	3.25 – 4.5 oz per week	4-5 oz per week
6-12 months	1.75 – 2.75 oz per week	2-4 oz per week

1. World Health Organization Child Growth Standards, 2006. Available at: <http://www.who.int/childgrowth/en/>.
 2. Riordan J. Breastfeeding and Human Lactation, 3rd ed. Boston: Jones and Bartlett, 2005, p. 103, 512-513.
 3. Moltischaeger N and Stock J. The Breastfeeding Answer Book, Third Revised ed. Schaumburg, Illinois: La Leche League International, 2003, p. 148-149.

Stool Color

- ▶ Baby poop changes color and is often a concern for parents.
- ▶ "Color has not much to do with anything except the transit time of food (in the baby's system) and the bile coming through the GI tract"
- ▶ Poop color timeline:
 - ▶ Yellow means milk is moving through the baby's system quickly.
 - ▶ When the process slows down, poop becomes green
 - ▶ Even slower, poop turns brown
- ▶ Colors of concern
 - ▶ White – can indicate an infection or problem with bile
 - ▶ Black- sign of digested blood in GI tract
 - ▶ Red- indicates fresh blood (from colon or rectum)
 - ▶ Occasionally- green, mucus like poop can be caused by a virus commonly seen in babies

Dr. Barry Shermatz, MD, pediatric gastroenterologist, Miller Children's Hospital Long Beach, CA.
<http://www.welamd.com/patienting/baby/features/tuff-about-baby-poop>

Stool

- ▶ Normal formula-fed poop
 - ▶ Pasty, peanut butter-like
 - ▶ Brown color spectrum: tan-brown, yellow-brown, green brown
 - ▶ More pungent than breastmilk poop



<http://www.babycare.com/baby-poop-photos>

Common Concerns

- ▶ Spitting up
- ▶ GER vs GERD
- ▶ Crying/fussiness
- ▶ Gassy
- ▶ Crying/colic
- ▶ Constipation
- ▶ Diarrhea
- ▶ Food allergy

Many common concerns lead parents to request a formula change when it is often unnecessary

"Fussiness, looser stools, and spitting up do not indicate feedings problems in infants who are adequately gaining weight and appear otherwise healthy." Policy 235.40

Formula vs Maturation

When parents initiate a formula change when symptoms are benign and reflective of normal physiologic development, they may attribute the infant's improvement to the formula change when it is more likely a result of physiologic maturation.

Qualifying Conditions

Category	YES- Qualifying Conditions	NO
Infants Policy 235.55	<ul style="list-style-type: none"> ▶ Premature birth ▶ Low birth weight ▶ Failure to thrive specific to underlying medical condition ▶ Cleft lip and/or cleft palate ▶ Inborn errors of metabolism/metabolic disorders [IKU] ▶ Congenital anomalies ▶ Congenital heart disease ▶ Gastrointestinal disorders [GERD] ▶ Immune system disorders ▶ Severe food allergies requiring elemental formula ▶ Life threatening disorders such as cancer ▶ Diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the client's nutritional status [short bowel syndrome, dumping syndrome] ▶ Gastrostomy tube feedings ▶ Developmental delay relating to the ability to eat ▶ Cerebral Palsy ▶ Cystic Fibrosis 	<ul style="list-style-type: none"> ▶ Non-specific formula or food intolerance ▶ Diagnosed formula intolerance or food allergy to milk protein or soy protein that does not require use of a special formula ▶ Constipation, unspecified ▶ Feeding problems in newborns ▶ Feeding difficulties and mismanagement ▶ Flatulence, gasiness, fussiness and gas pain ▶ Diarrhea ▶ Abdominal pain - colic ▶ Personal preference ▶ Spitting Up

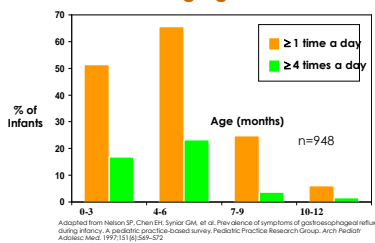
Qualifying Conditions

Category	YES- Qualifying Conditions	NO
Children Policy 235.30	<ul style="list-style-type: none"> ➤ Premature birth ➤ Low birth weight ➤ Failure to thrive specific to underlying medical condition ➤ Cleft lip and/or Cleft palate ➤ Inborn errors of metabolism/metabolic disorders (KU) ➤ Congenital anomalies ➤ Congenital heart disease ➤ Gastrointestinal disorders (GERD or lactose intolerance) ➤ Immune system disorders ➤ Severe food allergies requiring elemental formula ➤ Life threatening disorders such as cancer ➤ Diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the client's nutritional status (short bowel syndrome, dumping syndrome) ➤ Gastrostomy tube feedings ➤ Developmental delay relating to the ability to eat ➤ Cerebral Palsy ➤ Cystic Fibrosis 	<ul style="list-style-type: none"> • Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC foods • Solely for the purpose of enhancing nutrient intake • Solely for the purpose of managing body weight without an underlying qualifying condition • Nonspecific symptoms such as intolerance, fussiness, gas, spit up • Texture issues • Personal preference • Inadequate weight gain • FTT without underlying medical condition

Spitting up What is common

- ▶ Half of 0-3 month old babies spit up at least once a day
- ▶ Spitting up usually peaks by 2-4 months of age
- ▶ Most infants outgrow spitting up by the time they are sitting up or by 1 year
- ▶ Growth is usually normal and the spitting up is more of a nuisance than a concern
 - ▶ Laundry problem not a formula problem
- ▶ When teething, babies tend to drool more and can swallow extra saliva resulting in spitting up
- ▶ If baby has adequate wet/dirty diapers and is growing well- not a concern

Prevalence of Regurgitation in Infancy



Spitting Up More questions to ask

- ▶ Volume
 - ▶ How much is offered at each feeding?
- ▶ How much is baby spitting up?
 - ▶ How big is wet spot?
 - ▶ How often? When?
- ▶ Mixing of formula
 - ▶ Are too many air bubbles going in?
- ▶ Nipple
 - ▶ Is the nipple opening too large resulting in a large volume going in?
- ▶ Positioning
 - ▶ Is baby being jostled during feeding?
 - ▶ Is baby being laid down right after a feeding?
 - ▶ Is bottle tipped so baby is gulping air?
- ▶ Illness
 - ▶ Is baby coming down with a cold or respiratory illness?
- ▶ Teething
 - ▶ Is the baby drooling more?

Spitting up Information to offer

- ▶ Offer smaller, more frequent feedings
- ▶ Do not overfeed
- ▶ Feed in arms, avoid car seats
- ▶ Make feedings calm and relaxed
- ▶ Stop often to burp
 - ▶ Keep infant upright after feeding
 - ▶ Avoid putting in a car seat position or bouncy, vibrating baby chair
- ▶ Stir formula, rather than shake
- ▶ Avoid smoking around baby
- ▶ Formula to offer: SIMILAC ADVANCE

Spitting up When to refer

- ▶ Refer to health care provider if spitting up does not resolve and baby shows signs of:
 - ▶ Coughing
 - ▶ Gagging
 - ▶ Arching backwards
 - ▶ Having trouble breathing
 - ▶ Growth faltering
 - ▶ Projectile vomiting more than 1x/day

GER vs GERD – to D or not to D

Is It Gastro-esophageal reflux or Gastrointestinal Disorder?

- ▶ GER- gastroesophageal reflux is physiological and not harmful
 - ▶ Passage of gastric contents into esophagus; after a meal
 - ▶ Occurs with/without regurgitation and vomiting
 - ▶ Several times a day – occurs in 50% infants < 3months of age and often peaks at 4months of age with increased vertical positioning and movement.
 - ▶ Episodes < 3minutes
 - ▶ Occurs during transient relaxations of the lower esophageal sphincter (LES); decreased with age as sphincter tone increases
- ▶ GER becomes more serious GERD if the infant won't eat, stops gaining wt, vomits blood and is extremely irritable.
 - ▶ insufficient clearance and buffering of refluxate, decreased rate of gastric emptying, development of erosive esophagitis, esophageal shortening.

GER vs GERD – to D or not to D

- ▶ Ideas for 'happy spitters'
 - ▶ avoid overfeeding
 - ▶ offer smaller amounts
 - ▶ help baby slow down
 - ▶ feed one ounce less than normal
 - ▶ keep upright 30 mins after feeds, burp more
 - ▶ avoid tight diapers or waistbands
 - ▶ avoid exposure to second-hand smoke.

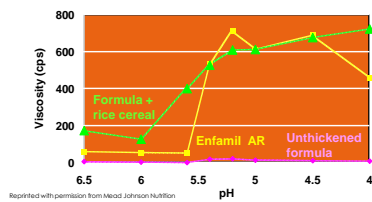
Similac for Spit Up

- ▶ "Antireflux formulas reduce daily emesis and regurgitation in infants, but have not been shown to improve growth or development"
 - ▶ O'Conner, NR. Infant Formula. Am Fam Physician. 2009 Apr 1;79(7):565-570
- ▶ May be indicated for GERD or frequent regurgitation associated with intense irritability, feeding disorders, or FTT.
 - ▶ Policy 235.40
- ▶ Work with prescribing authority to determine if re-introduction of Similac Advance is appropriate when solid foods are introduced (6 months).
 - ▶ Policy 235.55

Similac for Spit Up with GERD Meds

- ▶ Prethickened formula is pH dependent and the viscosity increases when mixed with gastric acid in the stomach.
- ▶ The next slide depicts an increase in the viscosity of a prethickened formula as pH decreases. The effect on viscosity of the prethickened formula contrasts with effects on regular (unthickened) infant formula and formula to which rice cereal was added.
- ▶ Ranitidine (Zantac) is a **gastric acid secretion inhibitor**
- ▶ Omeprazole (Prilosec) belongs to group of drugs called proton pump inhibitors. It **decreases the amount of acid produced in the stomach**.

Pre-thickened Formulas Change Viscosity With Acidification



Crying/fussy What is common

- ▶ Learning infant's communication takes time
- ▶ Crying is main communication tool for a baby
- ▶ Normal infant fussiness starts at 1-3 weeks of age
- ▶ Fussiness typically peaks at 6-8 weeks and is gone by 3-4 months of age
- ▶ Commonly happens in the evening or right around feeding
- ▶ May be a sign of needing to burp, pass gas, or have a bowel movement

Period of Purple Crying



Crying/fussy Questions to ask

- ▶ Volume
 - ▶ How much & how often
- ▶ Output & Growth
 - ▶ How many wet/dirty diapers? Gaining weight?
- ▶ Teething
 - ▶ Is there discomfort because of teething?
- ▶ Formula Prep
 - ▶ Too many air bubbles?
- ▶ Illness
 - ▶ Coming down with cold, illness, ear infection?
- ▶ Infant cues
 - ▶ Need a diaper change?
 - ▶ Trying to pass gas or have BM?
 - ▶ Overwhelmed/overstimulated-need a break?
 - ▶ Hungry or not?
 - ▶ Sleepy?
 - ▶ Need to be burped?
 - ▶ Too hot/cold?
 - ▶ Just want to be held/comforted?

Crying/fussy Information to offer

- ▶ Formula: SIMILAC ADVANCE
- ▶ Encourage skin to skin
- ▶ Speak softly, play calming music or sing
- ▶ Repetition to soothe (gentle rocking, swaying)
- ▶ Wrapping baby snugly in a blanket
- ▶ Gentle massages, strokes
- ▶ Acknowledge parent's feelings

Soothing Techniques

- ▶ **HOLD YOUR BABY!**
 - ▶ "In those parents who were asked to increase their carrying and holding, their babies cried and fussed less than the babies of parents who just did the usual amount of carrying" Period of Purple Crying website
 - ▶ "Increase the comfort, carry, walk and talk responses"
- ▶ **Baby wearing**
 - ▶ Discuss safe sling use
 - ▶ Local Baby-Wearing group

<http://www.purplecrying.info/hub-pages/soothing/common-features-and-principles-of-soothing.php>

Soothing Techniques

From Period of Purple Crying Website

- ▶ **Position**
 - ▶ Changing positions (usually picking up and putting on your shoulder)
- ▶ **Repeating**
 - ▶ Repeating anything comforting (sounds, sights, touches, or smells)
- ▶ **Rhythms**
 - ▶ Repeating in a pattern (song, sight, or touch)
- ▶ **White Noise** (running water, fan, dishwasher, bubbles in fish tank)
- ▶ **Closeness** (skin to skin, snuggling)
- ▶ **Sensations**- involve many sensations (sounds, sights, touches & smells)
 - ▶ If it includes sounds, sights, & touch it will likely be more effective than just touch

10 Tips to Soothe a Crying Infant

National Center on Shaken Baby Syndrome

1. Carry in sling
2. Car ride
3. Gently rock
4. Vacuum
5. Sing
6. Bath
7. Breastfeed
8. Pacifier
9. Skin to skin
10. Eye contact

Crying/fussy: Handouts

- ▶ Bringing Home Baby
- ▶ Understanding Your Baby's Cues
- ▶ Why Do Babies Cry?
- ▶ Healthy Sleep: For You and Your Baby
- ▶ Crying: Common Infant Problems (Texas WIC)

Crying/Colic

- ▶ Colic defined as crying more than 3 hours per day, more than 3 days per week, for more than 3 weeks
- ▶ Colic is common
- ▶ Cause is not known
- ▶ Usually begins during the first 2-6 weeks of life
- ▶ Common at the end of the day
- ▶ Usually stops by 3-4 months of age
- ▶ Studies have shown that formula changes do not make a difference

Crying, Colic Questions to Ask

- ▶ Crying- how long does crying last?
- ▶ Calming- what calming techniques have been tried?
- ▶ Gas- is the infant gassy?
- ▶ Spitting up?
- ▶ Cues- is the infant stiffening legs, pulling up legs in pain, clenching fists?

Infants with colic are at risk for being overfed because parents often follow episodes of infant crying with feeding attempts

Crying/Colic Information to offer

- ▶ Formula: SIMILAC ADVANCE
- ▶ "Parental counseling is more effective than changing formula in the treatment of infant colic"
 - ▶ O'Conner, NR. Infant Formula. Am Fam Physician. 2009 Apr 1;79(7):565-570
- ▶ Listening to an infant crying for long periods of time can be stressful; acknowledge feelings of caregiver
- ▶ Encourage patience and asking for support from family/friends to provide breaks for caregiver
- ▶ Follow steps for fussy infant
- ▶ Hold infant on left side/stomach
- ▶ Handouts:
 - ▶ Common Infant Problems: Colic (Texas WIC)

Constipation Questions to Ask

- ▶ Stooling patterns
- ▶ Formula preparation
- ▶ Anything added to bottle?
- ▶ What else is baby eating/drinking?
- ▶ Swaddling – is infant being wrapped and unable to move?
- ▶ Activity- how much activity/movement is baby getting?
- ▶ Recent illness?
- ▶ Medications?

Constipation What is common/normal

- ▶ What is normal with stools
 - ▶ Occurs frequently in the first month and slows down by 8 weeks of age
 - ▶ Stools pass easily even after a few days of no BM
 - ▶ "Most parents are concerned that the pained, red-faced look their baby gets while pooping means straining and constipation. That's usually not the case" WebMD
- ▶ Constipation is defined as hard, dry stools that are difficult to pass
- ▶ Related signs: upset, swollen or hard stomach, fussiness, raw or bleeding rectum



WebMD: <http://www.webmd.com/parenting/baby/features/tu/ft/about-baby-poop?page=2>

Constipation Common Causes

- ▶ Not enough fluids
- ▶ Changing from breastmilk to infant formula
- ▶ Changing to a new formula too quickly
- ▶ Adding solid foods too early
- ▶ Mixing formula incorrectly
- ▶ Lack of movement or activity
- ▶ Side effects of certain meds

Constipation Information to offer

- ▶ Formula: SIMILAC ADVANCE
- ▶ Stools change color during the first weeks of life
- ▶ Stooling patterns change quickly in infancy and each infant can have a different stooling pattern
- ▶ Change in color of stool is normal during infancy
- ▶ Depending on the age of the infant, 1-2 oz of water may be offered
- ▶ Increase movement/activity for infant
 - ▶ Bicycle legs, tummy time
- ▶ Handouts
 - ▶ Does my baby have constipation?
 - ▶ Common Infant Problems: Constipation (IX WIC)

Diarrhea

- ▶ Diarrhea- defined as 3+ watery stools in one day or if stools become more frequent or watery than usual
- ▶ Important to treat cause of diarrhea, to prevent dehydration

Diarrhea Questions to Ask

- ▶ Stooling patterns
- ▶ Formula prep
 - ▶ How are bottles, water prepared?
 - ▶ How long is formula kept at room temperature?
 - ▶ What happens to leftover formula?
- ▶ Sanitation-
 - ▶ How often are hands washed (especially before bottles & after diaper changes)?
 - ▶ How often are toys washed?
- ▶ Illness- exposure to others with diarrhea?
- ▶ What other foods/fluids from others are being shared?
- ▶ What other fluids are being provided?

Diarrhea Information to offer

- ▶ Underlying cause of diarrhea needs to be identified
- ▶ Continue with breastfeeding or formula feeding to keep hydrated
- ▶ Follow correct mixing instructions
 - ▶ Do not over dilute the formula
- ▶ Juice, sports drinks, & soft drinks can make the problem worse
- ▶ Handout:
 - ▶ Common Infant Problems: Diarrhea (Texas WIC)

Diarrhea Which Formula to offer

- ▶ Similac Advance if infant is otherwise healthy
- ▶ **IF** infant had inadequate weight gain or prolonged diarrhea
 - ▶ Offer lactose free formula (Soy or Similac Sensitive) until recovery from diarrhea is complete (typically 1-2 weeks)
 - ▶ Reintroduce with Similac Advance **within 4-6 weeks**

Diarrhea Which Formula to Offer (continued)

- ▶ According to the AAP, "In developed countries, even in the case of acute gastroenteritis, enough lactose digestion and absorption are preserved so that low-lactose and lactose-free formulas have no clinical advantages when compared with standard lactose containing formulas except in severely undernourished children.... Although lactose-free cow milk-based formulas are readily available and popular, no studies have documented that these formulas have any clinical impact on infant outcome measures including colic, growth, or development."
- ▶ The Science: Lactose Intolerance in Infants, Children, and Adolescents. Heyman, M, for the Committee on Nutrition, Pediatrics. 2006;118:1279-1286

Diarrhea: When to Refer

- ▶ Contact health care provider immediately if:
 - ▶ Infant seems cold, without energy, limp, or will not wake up
 - ▶ Dry, sunken eyes, mouth or tongue, or cries without tears
 - ▶ Blood, mucus, or pus in the diaper or stool or black stools after 4 days of age
 - ▶ Vomiting
 - ▶ Fever

Lactose intolerance

- ▶ Primary lactose intolerance
 - ▶ In infancy produce adequate lactase (to digest breastmilk), but lactase production decreases over time
 - ▶ Uncommon before 2-3 years of age in all populations
- ▶ Secondary lactose intolerance
 - ▶ Occurs when small intestine decreases lactase production after an illness, injury, or surgery involving small intestine
 - ▶ Temporary. Lactase levels restored after underlying issue resolved.
 - ▶ Most common type in infancy

Lactose intolerance (continued)

- ▶ Congenital lactase deficiency
 - ▶ Extremely rare
 - ▶ Will be evident within the first feedings
- ▶ Developmental lactose intolerance
 - ▶ Premature infants may have lactose intolerance due to insufficient lactase level
 - ▶ Lactase production begins after at least 34 weeks gestation

Lactose Overload

- ▶ Functional lactase insufficiency
- ▶ Baby receiving more lactose than body is capable of digesting
- ▶ Associated with large, frequent feeds
- ▶ Appears hungry; seeks to feed in an attempt to relieve discomfort
- ▶ Need to make appropriate changes to feeding management
- ▶ Sucking reflex: once triggered, baby will suck regardless if hungry or not. Because a reflux is involuntary, automatic response- baby cannot not suck
- ▶ Lactose is a disaccharide; too large to be absorbed so its broken down into glucose & galactose by lactase. Babies have limited ability to produce lactase within a particular time period. [Too much, too fast = excessive amounts of lactose]

Lactose Overload

- ▶ Lactose important: aids in absorption of calcium & phosphorus, supports growth of good bacteria which is a major player in prevention of disease & inhibits growth of harmful microorganisms
- ▶ Galactose is vital to brain and nerve tissues. Baby's only source during time of rapid brain growth & development
- ▶ Glucose essential for energy, growth and cell development. Without it, baby will use body fat for energy and lose wt.
- ▶ Gastro-colic reflux: causes contractions of intestinal wall to push contents along – its making room for new food. [why newborns poop or pass gas during feedings and grunt at times]
- ▶ If baby is fed before the lactose from the previous feed is fully digested, the gastro-colic reflux may push some of the **undigested** lactose from the previous feed from the small intestine to the large intestine.

Lactose Overload

- ▶ So if milk travels too quickly for all the lactose to be digested, large amount of **undigested** lactose [sugar] draws extra water through the intestinal wall and the bacteria that is present will ferment producing gas which leads to bloating, cramps, watery/sloppy stools, and gas.
- ▶ So what does mom do to calm her discomforted baby? Feed again bc feeding provides comfort, and once the nipple touches baby's hard palate; baby will automatically start sucking [sucking reflex]. Now we may have a cycle going....
- ▶ So, lactose overload and lactose intolerance due to fermentation of **undigested** lactose. In lactose overload; it's the excess, beyond what is normal that baby has trouble digesting. In lactose intolerance; baby is unable to digest normal amounts of lactose.
- ▶ How to Help: Respond to baby's cues, if baby is eating quickly [under 10 minutes] slow down the feeds, appropriate amount of formula for age, others?

Food Allergy

- ▶ IgE mediated reactions
 - ▶ Eczema, runny nose, respiratory symptoms (asthma, wheezing), hives, anaphylaxis
 - ▶ Most infants with IgE reactions can tolerate **soy formula**
- ▶ Enteropathy (intestinal disease) or enterocolitis (inflammation of intestine/colon)
 - ▶ Vomiting, diarrhea, FIT, colitis with GI bleeding, colic
 - ▶ Small bowel damage often occurs, allowing absorption of intact proteins such as soy
 - ▶ **Protein hydrolysate or amino acid formulas** are indicated
 - ▶ Up to 60% of infants with cow's milk induced enteropathy will also be sensitive to soy proteins

Protein Altered Formulas

Policy 235.40

Protein Source	Indications for Use
Amino Acids (Elecare, Neocate)	Significant malabsorption
Casein hydrolysate (Alimentum, Nutramigen)	<ul style="list-style-type: none"> • Cow's milk protein allergy • Soy protein allergy • Conditions with significant malabsorption
Whey hydrolysate (Total Comfort)	Gastrointestinal problems related to protein digestion and absorption such as: <ul style="list-style-type: none"> • Immature gut • Gastroenteritis • Following GI surgery • Constipation

Protein Sources

Formula	Whey:Casein Ratio
Human milk	90:10 early milk 60:40 mature milk 50:50 late lactation
Cow's milk	20:80
Similac Advance	48:52
Similac Sensitive	18:82
Similac for Spit Up	18:82
Total Comfort	100% whey partially hydrolyzed
Gerber Good Start Soy	Soy protein partially hydrolyzed
Alimentum	100% casein extensively hydrolyzed

Re-introducing Similac Advance

- ▶ "The majority of healthy full-term infants tolerate cow's milk based formulas without problems. Infants requiring a switch to cow's milk based lactose free formulas or soy-based formulas usually can return to a lactose-containing formula within a month without problems."
- ▶ Policy 235.55

Re-introducing Similac Advance

Policy 235.55

Formula	Re-introduction Guidelines
Similac Sensitive & Total Comfort	<ul style="list-style-type: none"> • Work with prescribing authority to re-introduce Advance <u>within 4-6 weeks</u> • If prescribing authority determines re-introduction is not appropriate, medical documentation must be completed • <u>After another 4-6 weeks</u> again work with prescribing authority to reintroduce Advance
Similac for Spit Up	<ul style="list-style-type: none"> • Work with prescribing authority to re-introduce Advance when solid foods are introduced (6 months) • If prescribing authority determines re-introduction is not appropriate, medical documentation must be completed

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